

**CHRISTOPHER WAYNE LESTER  
MADISON MEDICAL GROUP  
RECORDS  
14-M**



MADISON MEDICAL, PLLC

705 Madison Avenue • Madison, WV 25130  
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.  
Family Practice

John Mark Snyder, D.O.  
General Practice

November 15, 2000

Ron D. Stollings, M.D.  
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC  
Nurse Practitioner

Worker's Compensation  
P O Box 3151  
Charleston, WV 25332

RE: Christopher W. Lester, Sr  
SSN [REDACTED] 3340  
DOI 3/10/2000  
Claim No. 2000046841

Dear Sirs,

Mr. Lester continues to have ongoing severe chronic low back pain without relief with fairly substantial narcotics. He would certainly be a candidate for pain clinic evaluation at this time. I am requesting approval for that, and hope to receive a favorable reply.

Sincerely,

John M. Snyder, D. O.  
JMS:bw

cc: Roseann Russo  
1809 Huber Rd.  
Charleston, WV 25314

*Mailed  
11/17*

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Cecil H. Underwood  
Governor  
William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
  - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

October 27, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED] 3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 12/05/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 01/19/2001.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC  
KOZAK JOHN H  
VASS VOCATIONAL SERVICES

Workers' Compensation Division  
By: Mena Peay  
Claims Representative 3/Senior

RECEIVED OCT 30 2000

A large, stylized handwritten signature, possibly "Mena Peay", written in dark ink.

Workers' Compensation Division - Office of Claims Management

500688.015.0420



**Neurological  
Associates, Inc.**

**NEUROLOGY**  
Julio D. Teodoro, Jr., M.D.

**NEUROSURGERY**  
C.Y. Amores, M.D., F.A.C.S.  
Sherry L. Apple, M.S., M.D.  
Frederick H. Armbrust, M.D.  
Robert J. Crow, M.D.  
John H. Schmidt, III, M.D., F.A.C.S.

Suite 400, General Medical Pavilion  
415 Morris Street  
Charleston, WV 25301  
304-344-3551  
FAX: 304-342-6927  
website: wvneuro.com

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**Christopher W Lester**

Box 1113

Danville, WV 25053

Home: (304)369-6657 Office: (304)786-5091

MRN: 10491-0 SSN: DOB: [REDACTED]/1971; Male Ins: WV WORKE (1517)

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October 6, 2000

Chart Document

Page 1

**10/03/2000 - Office Visit: Office Exam - Transcribed**

**Provider: Constantino Y. Amores**

**Location of Care: Neurological Associates, Inc.**

On your request for consultation Mr. Lester was seen in the office today on 10/3/00 with a CHIEF COMPLAINT of pain described to be at the back of the neck going up to the left side of the back of the head going all the way down towards the spine and all the way down both lower extremities in a global fashion with the same type of pain on the left upper extremity, which started following an accident when he fell off of a truck approximately six feet high on 3/10/00. He stated that he was knocked out for approximately 45-55 minutes.

Every activity that he does makes things worse. Medicine, rest, heat and ice seems to help him some.

The treatments so far have included physical therapy and medication. From a scale of 1-10, ten being worse. He characterized his present condition as an nine.

The REVIEW OF SYSTEMS included a complaint of weight gain, nerves bothering him. His blood pressure acting up because of his problem, aggravation of pain and many other types of symptoms related to the frustration of limitation because of his pain.

The PAST MEDICAL HISTORY is that he was involved in a trailer accident on 8/10/94 and told me that the thoracic spine had been hurt.

The FAMILY HISTORY is negative.

The SOCIAL HISTORY is that he is married, works as a truck driver, has been unable to work since 3/10/00.

The medicine that he takes includes Vicodin ES, Paxil, Vioxx and Flexeril.

The GENERAL NEUROLOGICAL EXAMINATION, including that of cerebrum, cerebellum, and cranial nerve II-XII functions, was normal.

FOCUSED NEUROLOGICAL EXAMINATION, to include motor, sensory, and reflex

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**Neurological  
Associates, Inc.**

**NEUROLOGY**  
Julio D. Teodoro, Jr., M.D.

**NEUROSURGERY**  
C.Y. Amores, M.D., F.A.C.S.  
Sherry L. Apple, M.S., M.D.  
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Suite 400, General Medical Pavilion  
415 Morris Street  
Charleston, WV 25301  
304-344-3551  
FAX: 304-342-6927  
website: wvneuro.com

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**Christopher W Lester**

Box 1113

Danville, WV 25053

Home: (304)369-6657 Office: (304)786-5091

MRN: 10491-0 SSN: DOB: [REDACTED] 1971; Male Ins: WV WORKE (1517)

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October 6, 2000

Chart Document

Page 2

systems, showed no focal deficit. He did report some numbness at the random area on the lower extremities more so towards the right foot.

Gait, station, and nerve root compression maneuvers did not reveal any evidence of radiculopathy; neither was there any evidence of myelopathy. He did have difficulty moving around the room and examining table because of pain across the lumbar area going up to the spine. He uses a cane when he walks because according to him his right leg would just fly off under him.

Tests available for review included x-rays of the ribs, which were reported as negative. There was an x-ray of the thoracic spine which raised a question of mild anterior compression of T11, old, according to the radiologist. X-ray of the lumbar and chest otherwise were reported to be normal including the spine series. He also has an x-ray of the AC joint on the left and the right, which was reported to be normal according to the radiologist.

An MRI of the lumbar spine and cervical spine were reported to be within normal limits.

My Diagnosis is that he has acute musculoskeletal strain, cervical, thoracic and lumbar spine regions without neurological deficit.

Considering the history, physical and neurological examinations, tests and records available, I feel that conservative (non-neurosurgical) treatment would be the better option. I had a thorough discussion and counseled the patient on my diagnosis, other possibilities, my recommendations, including inherent risks and prognosis. I hope this information will be helpful to you. Should there be any change in neurological status that needs re-evaluation, please let me know. Thank you for your referral.

CYA/mas

cc: John Snyder, D.O.

Signed by Constantino Y. Amores on 10/05/2000 at 9:22 AM  
Signed by Constantino Y. Amores on 10/05/2000 at 9:22 AM

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500688.015.0422



**Neurological  
Associates, Inc.**

**NEUROLOGY**  
Julio D. Teodoro, Jr., M.D.

**NEUROSURGERY**  
C.Y. Amoros, M.D., F.A.C.S.  
Sherry L. Apple, M.S., M.D.  
Frederick H. Armbrust, M.D.  
Robert J. Crow, M.D.  
John H. Schmidt, III, M.D., F.A.C.S.

Suite 400, General Medical Pavilion  
415 Morris Street  
Charleston, WV 25301  
304-344-3551  
FAX: 304-342-6927  
website: wvneuro.com

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**Christopher W Lester**

Box 1113

Danville, WV 25053

Home: (304)369-6657 Office: (304)786-5091

MRN: 10491-0 SSN: DOB: [REDACTED] 1971; Male Ins: WV WORKE (1517)

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October 6, 2000

Chart Document

Page 3

500688.015.0423

# Boone Memorial Hospital

701 Madison Avenue, Madison, West Virginia 25130 304-369-1230  
October 5, 2000



John Snyder, DO  
705 Madison Ave.,  
Madison, WV 25130

Re: Christopher Lester #104551  
Discharge Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Memorial Sports Medicine and Hand Center on August 31, 2000, with the diagnosis of lumbosacral strain and L-shoulder strain. He has been followed 2-3 x wk for a total of 2 visits. His last date in our clinic was on September 6, 2000.

**Our goals** have been to establish an independent home exercise program, maximize pain-free lumbar ROM, and maximize L-shoulder AROM, and decrease complaints of pain at most 3\10.

**Treatment program** has consisted of instruction in an independent HEP and modalities as indicated to decrease complaints of pain.

**At last visit** on September 6, 2000, Mr. Lester stated he was scheduled for a MRI on September 12, 2000 for an EMG on September 21, 2000, and with a consultation with Dr. Amores on October 11, 2000. He complained of soreness with his L-shoulder, low back and knee. He rated his LBP and L-shoulder pain to 7\10.

Following this appointment on September 6, 2000 Mr. Lester cancelled his next scheduled appointment. He called us on September 14, 2000 and stated he missed his appointment secondary to being ill. On September 18, 2000 we contacted the patient at his home to see if he would be returning and left a message. On September 19, 2000 Mr. Lester returned our call and stated that he had been discharged from physical therapy at this time. Therefore, we will discharge him from our care. This letter is for your records.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/pam

xc: Workers' Compensation, Nena Peay, Claim# 2000046841, DOI 3-10-00.

500688.015.0424

MADISON MEDICAL, PLLC

705 MADISON AVE.

MADISON, WV 25130

PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET



TO: Sammy / Dr. Loimil

FROM: Freda / Dr. Snyder

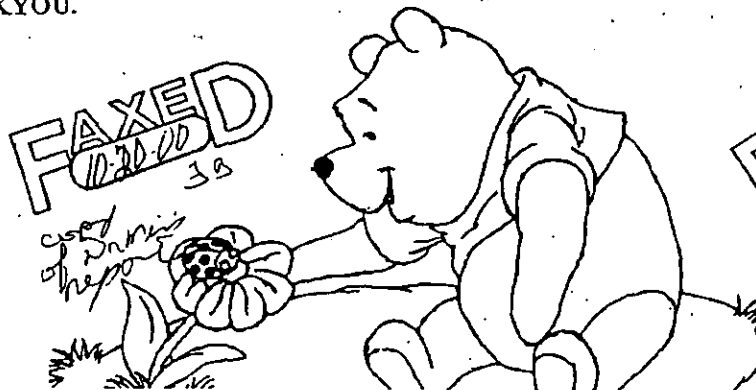
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 13

DATE: 10-20-00

ADDITIONAL COMMENTS: I still have  
not received EMG report.

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE 304-369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US, THANKYOU.





**Attending Physician's Report**  
 Report Completed Form 10  
 Workers' Compensation Division  
 P.O. Box 3151, Charleston, West Virginia 25302  
 Rev. 9-94

Claim No. 2000045801 Date of Injury 03/10/2000 Current Telephone No. 304-369-5657  
 Job Title No. 98001651  
 Claimant's Name and Address  
CHRISTOPHER W LESTER SR  
P.O. BOX 3333  
DANVILLE, WV 25053  
 Employer's Name and Address  
D & M DRUCKING CORPORATION  
302 BOB VINES RD  
CHARTERS, WV 25843

Please mark any needed changes in your address as printed above.

Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No

I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature \_\_\_\_\_

Claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

Date of this examination 9/27/00 2. Date of next appointment 10/25/00  
 Month Day Year 10-27-00 Month Day Year 10-25-00

A. Is this the first examination and/or treatment by you for this injury? ☐ Yes ☒ No If Yes, please advise as to how the claimant came under your care.

B. Does claimant continue under your active care? ☒ Yes ☐ No If No, please explain.

C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.)  
☒ Consultation ☒ Evaluation ☒ Treatment Dr. Himmil

Diagnosis (ICD9-CM) code and description  
847.0 847.2  
847.1 959.01

5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit.  
continue Vicodin & Flexail  
add Vioxx

Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? ☐ Yes ☒ No If Yes, please explain condition and how it has affected recovery.

Will claimant need rehabilitation services? ☐ Yes ☒ No If Yes, please specify.

8. Is claimant temporarily and totally disabled? ☒ Yes ☐ No If Yes, is disability due to compensable diagnosis or other causes? Please explain.

Please indicate the anticipated date claimant will be able to return to:  
 Modified Work \_\_\_\_\_ Trial Return to Work 12/06/00 Full-time Work \_\_\_\_\_

If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? ☐ Yes ☒ No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.

Physician's Name, Address & Telephone No.  
MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130  
 Phone: 304-369-5170  
 FEIN 550664546

Physician's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

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Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information  
• Unemployment Compensation • Workers' Compensation  
*an equal opportunity/affirmative action employer*

August 21, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED]-3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from WCD-CLAIM MANAGER dated 08/18/2000, is Approved.

authorization to proceed with the following recommendations: cervical and lumbar MRI, xrays of the left AC with and without weight to rule out AC separation, xray of left rib cage, NCS/EMG left upper extremity, orthopedic consultation, and neurological consultation following cervical and lumbar MRI

Authorized Dates are 08/18/2000 through 11/18/2000.

Your authorization number is 100231133.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC

Workers' Compensation Division  
BY: Nena Peay  
Claims Representative 3/Senior

VASS VOCATIONAL SERVICES

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Workers' Compensation Division - Office of Claims Management

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Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

*an equal opportunity/affirmative action employer*

October 2, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED] 3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 09/29/2000, is Approved.  
authorization for the medication Vicoden ES

Authorized Dates are 09/29/2000 through 12/29/2000.

Your authorization number is 100273143.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division7.

CC: D & M TRUCKING CORPORATION INC  
KOZAK JOHN H  
VASS VOCATIONAL SERVICES

BY: Nena Peay  
Claims Representative 3/Senior

Workers' Compensation Division - Office of Claims Management

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Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
  - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

October 2, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED]-3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 11/05/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 12/20/2000.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC  
KOZAK JOHN H  
VASS VOCATIONAL SERVICES

Workers' Compensation Division  
By: Nena Peay  
Claims Representative 3/Senior

A large, stylized handwritten signature, likely of Nena Peay, is written in black ink.

Workers' Compensation Division - Office of Claims Management

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Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information  
• Unemployment Compensation • Workers' Compensation  
*an equal opportunity/affirmative action employer*

September 15, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED]-3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - ATTORNEY REPRESENTATION

A request has been received to acknowledge attorney John Kozak,  
as representative in this claim.

We agree to furnish copies of all correspondence and checks to this claimant  
representative.

This will remain in effect unless further information is received.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC  
KOZAK JOHN H  
VASS VOCATIONAL SERVICES

Workers' Compensation Division  
BY: Nena Peay  
Claims Representative 3/Senior

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Workers' Compensation Division - Office of Claims Management

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Governor

William F. Vieweg  
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## West Virginia Bureau of Employment Programs

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  - Unemployment Compensation • Workers' Compensation
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September 15, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED]-3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 10/02/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 11/16/2000.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC  
KOZAK JOHN H  
VASS VOCATIONAL SERVICES

Workers' Compensation Division  
By: Nena Peay  
Claims Representative 3/Senior

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Workers' Compensation Division - Office of Claims Management

500688.015.0431

**Attending Physician Report**

Return Completed Form To:

Workers' Compensation Division  
P.O. Box 3151, Charleston, West Virginia 25332**FOR DIVISION USE ONLY**Claims Manager Nena Peay  
Trucking/Agr & Food Proc  
Claimant's County BOONE

WC-219 Rev. 9-94

**SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)**

1. Claim No. 2000046841	SS No. 3340	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	

Claimant's Name and Address

Employer's Name and Address

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053D & M TRUCKING CORPORATION  
502 BOB VINES RD  
GHENT, WV 25843**3. Please mark any needed changes in your address as printed above.**4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☐ No

5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature

Date

**SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages if Necessary.**

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 09/26/00 Month Day Year	2. Date of next appointment 10/04/00 Month Day Year
--	--

3. A. Is this the first examination and/or treatment by you for this injury? ☐ Yes ☒ No If Yes, please advise as to how the claimant came under your care.B. Does claimant continue under your active care? ☒ Yes ☐ No If No, please explain.

C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.)

☒ Consultation ☒ Evaluation ☒ Treatment DR. Coimil

4. Diagnosis (ICD9-CM) code and description

847.0 847.2  
847.1 959.01

5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit.

Continue meds &amp; rest

6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? ☐ Yes ☒ No If Yes, please explain condition and how it has affected recovery.7. Will claimant need rehabilitation services? ☐ Yes ☒ No If Yes, please specify.8. Is claimant temporarily and totally disabled? ☒ Yes ☐ No If Yes, is disability due to compensable diagnosis or other causes? Please explain.

9. Please indicate the anticipated date claimant will be able to return to:

Modified Work Trial Return to Work 11/06/00 Full-time Work

10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? ☐ Yes ☐ No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.

11. Physician's Name, Address &amp; Telephone No.

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

Phone: 304-369-5170

FEIN

550664546

12.

for m/for

Physician's Signature

9/27/00

Date

500688.015.0432



**11. DOL/DCMWC REIMBURSEMENT STANDARDS**

- 11a. For nebulizer equipment with compressor motor: requires Pulmonary Function Test results that indicate a 50% reduction with a demonstrated 10% or greater increase after bronchodilation; or FEV<sub>1</sub> of 1.0L or less (See 11h).
- 11b. For Home O<sub>2</sub> delivery equipment: requires a pO<sub>2</sub> value of 60 mmHg or less on room air during a chronic state with corresponding pCO<sub>2</sub> and pH values. The pO<sub>2</sub> value should be 55 mmHg or less when an O<sub>2</sub> concentrator or liquid O<sub>2</sub> system is prescribed. If the ABG is done while the patient is on O<sub>2</sub>, the pO<sub>2</sub> standard = 80 mmHg for all oxygen equipment. (See 11h.). All medical evidence to support your request will be considered.
- 11c. Hospital bed: must be justified by PF test results indicating an FEV<sub>1</sub> equal to or less than 40% of predicted, or chronic hypoxia (pO<sub>2</sub> of 55 mmHg or less).
- 11d. Prescriptions for home care: must include objective test results or comparable clinical data, explanation why the patient is homebound, and a specific schedule of services to be rendered, including the total number and frequency of prescribed visits. Indicate the type of medical professional (PA, RN, LPN, RT) providing care. Use number 12, below, and/or attach separate sheet.
- 11e. Prescription for pulmonary rehabilitation services: must include objective test results that justify extent (i.e., level) of rehabilitation prescribed. All services for pulmonary rehabilitation must be categorized by Impairment Level (AMA - Guides to the Evaluation of Permanent Impairment, 2nd Ed. 1984). Also, all pulmonary rehabilitation protocols must be prior-approved. Use number 12, below, and/or attach separate sheet.
- 11f. Commodes: will be purchased for patients unable to use an available bathroom facility due to a pulmonary impairment. Objective test requirements: for ABG, pO<sub>2</sub> of 55 mmHg or less; for PFS, FEV<sub>1</sub> of 40% or less of predicted.
- 11g. Wheel chairs: are not a commonly covered item. Requests must include medical support data and will be evaluated individually. Data must support the wheelchair need because of a severe pulmonary impairment.
- 11h. ALL CMN supportive test results: must be dated 2 months or less prior to prescription for services. Recertification services must be reviewed yearly or at the expiration date.

**NOTE:** Prescription for indefinite services or those without required objective test data will be returned for specific information. If your request is rejected because your patient's medical condition does not meet DOL reimbursement requirement standards you may submit other medical evidence to support your prescription request. All evidence will be considered.

**12. Comments:**

E0100: ADJUSTABLE CANE

**13. PHYSICIAN/PROVIDER INFORMATION****a. Physician's Name, Address and Phone Number (print or type)**

JOHN M. SNYDER  
705 MADISON AVENUE  
MADISON, WV 25130  
(304) 369-7964

**b. Are you the patient's regular physician or are you actively treating this patient? Yes ☒ No ☐**

If NO, explain why you are prescribing the equipment or services on this form.

**c. Date of Visit (the date you examined the patient and determined the need for this prescription):**

9/13/00  
MM DD YY

**d. Date that the prescribed treatment or service is authorized to begin:**

9/13/00  
MM DD YY

e. By my signature I certify that I am actively treating this patient (or have provided an explanation, 13b., above) and that the prescribed equipment and/or services on this form are medically necessary for treating this patient's condition. I am also aware that, pursuant to 30 U.S.C. 941, any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment relating to this prescription shall be guilty of a misdemeanor and subject to a fine and/or imprisonment.

*John M. Snyder*  
Physician's Original Signature (Do not use stamp)

9/10/00  
Date

Please forward this completed form to the DOL/DCMWC Office which maintains the patient's Black Lung Claim. For further information call TOLL FREE: 1-800-638-7072. (In MD.: 1-800-492-5737)

**f. Servicing Provider's Name, Address, Phone No., and PROVIDER NO.:**

BOONE HOMECARE SUPPLIES PROVIDER#  
327 STATE STREET 55-0739015-001  
MADISON, WV. 25130 (304) 369-7964

**Public Burden Statement**

We estimate that it will take an average of 20-40 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Information Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0113), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

500688.015.0433



MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE# (304)369-5170 FAX# (304)369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: Bm H  
DOCTOR

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY  
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

Lt. Shoulder X-Ray to \_\_\_\_\_

NAME: Christopher Lester DATE: 9-13-00

ADDRESS: PO Box 1113  
Danville, WV 25053

BIRTHDATE: [REDACTED]-71 SSN# [REDACTED]-3340

SIGNATURE: Chris Lester  
(IF RELATIVE STATE RELATION)

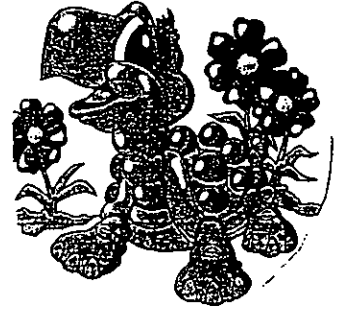
WITNESS: Kimberly Hayes

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR  
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE  
THAT DATE.

\*\*If a fee is required for records please pre-bill. The physicians office will  
not be responsible for any fees incurred.

**FAXED**  
319-1526

MADISON MEDICAL, P.L.L.C.  
705 MADISON AVENUE  
MADISON, WV 25130  
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Workers Comp  
FROM: Dublin - Dr. J. M. Snyder D.O.  
RE: Christer Lester

NUMBER OF PAGES INCLUDING COVER SHEET 2

DATE: 10-3-00

ADDITIONAL COMMENTS: Rx Auth.  
\_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE: (304) 369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US.

THANK YOU.

**FAXED**  
10-3-00  
14

**MADISON MEDICAL, PLLC**  
**705 MADISON AVENUE**  
**MADISON, WV 25130**  
**(304) 369-5170**

WV Worker's Compensation  
P. O. Box 431  
Charleston, WV 25322-0431

To Whom It May Concern:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Patient: Christopher Lester 2000046841

SSN: [REDACTED]-3340

DOI: 3-10-00

RX'S Paxil 20mg  $\dot{+}$  QD #30 X 1 refilled  
Vioxx 25mg  $\dot{+}$  BID #60 X 1 refilled

For the treatment of: 847.0

**FAXED**  
10-5-00  
KJ

MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET



TO: Dr. Loinil

FROM: Freda/Dr. Snyder

RE: Chris Lester 2000046841

NUMBER OF PAGES INCLUDING COVER SHEET: 7

DATE: 9-18-00

ADDITIONAL COMMENTS: EMB pending  
Please review - schedule  
→ notify me ASAP  
Thank you

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MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
(304)369-5170 FAX#(304)369-1742

PATIENT NAME: Christopher Lester ACCT# 49564  
DX: 724.2 LBP  
794.3

INSURANCE: Work-Camp DOI 3/10/02

AUTHORIZATION#

REFERRING DOCTOR: 3

PHONE# 369-6657 CONTACT NAME:

REQUEST FOR: ortho consult

SCHEDULED WITH: Dr Roimil 925-6961

DATE/TIME: Oct 17, 8:30 AM 5/3/02 spoke = Evelyn  
Dr Roimil does require  
Camp Auth. Call her  
when we receive &  
she will set appt.

RECORDS: sw.c 123 form & auth letter  
notes, x-rays, PT notes

☒ SENT BY MAIL  
☐ FAXED  
☐ GIVEN TO PT TO HAND DELIVER

☒ PT WAS NOTIFIED OF DATE, TIME AND ANY SPECIAL INSTRUCTIONS.

9/ Lman Am  
take films

pt take films  
fax 304) 925-2619

auth request  
1/4 faxed 2nd request

MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET



TO: Evelyn / DiLoimil

FROM: Freda / Dr Snyder

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 16

DATE: 8-29-00

ADDITIONAL COMMENTS: Please review  
I schedule pt appt per phone  
conversation of 8/28/00.  
Thank you

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FAXED  
8-29-00  
JS



MADISON MEDICAL, PLLC  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET



TO: Kandi / Dr Loimil

FROM: Freda / Dr Snyder

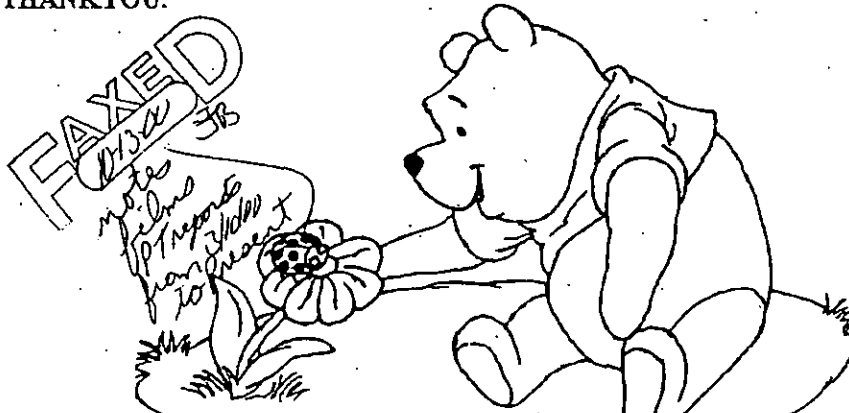
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 21

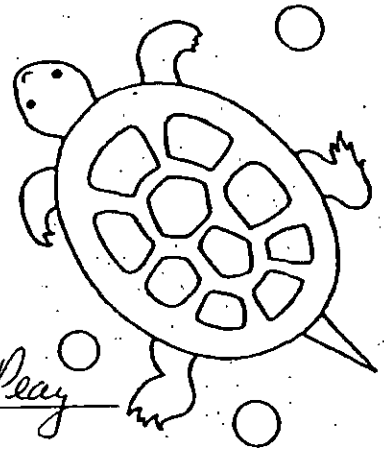
DATE: 10-12-00

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MADISON MEDICAL, P.L.L.C  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Workers Comp attn. Nena Peay

FROM: Dublin / Dr. J. M. Snyder

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 7-22-00

ADDITIONAL COMMENTS: Lx auth.

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**FAXED**  
7-22-00



**MADISON MEDICAL, PLLC**  
**705 MADISON AVENUE**  
**MADISON, WV 25130**  
**(304) 369-5170**

WV Worker's Compensation  
P. O. Box 431  
Charleston, WV 25322-0431

To Whom It May Concern:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely, Debbie / Dr. J. M. Snyder, D.O.

Patient: Christopher Lester 2000046841

SSN: [REDACTED] 3340

DOI: 3-10-2000

RX'S Vicoden ES 1/2 TID # 90  
Flexeril 10mg. 4 QHS # 60  
Motrin 800mg 4 TID # 90

For the treatment of: 847.0

**FAXED**  
9-22-00

P. 1

\* \* \* Transmission Result Report (MemoryTX) ( Sep.22. 2000 7:51AM ) \* \* \*

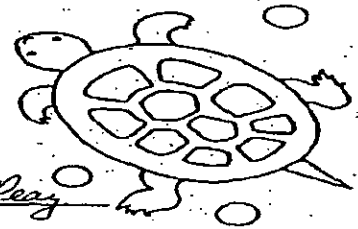
File No. Mode	Destination	Pg (s)	Result	Page Not Sent
2279 Memory TX	13049266092	P. 2	OK	

Reason for error  
 E.1) Hang up or line fail  
 E.3) No answer

E.2) Busy  
 E.4) No facsimile connection

MADISON MEDICAL, P.L.L.C  
 705 MADISON AVE.  
 MADISON, WV 25130  
 PHONE (304) 369-5170 FAX (304) 369-1742

## FAX COVER SHEET



TO: Workers Comp attn. Nena Peay  
 FROM: Dublin / Dr. J. M. Snyder  
 RE: Christopher Testa

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 9-22-00

ADDITIONAL COMMENTS: Ex Auth

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500688.015.0443

MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
(304)369-5170 FAX#(304)369-1742

PATIENT NAME: Christopher Lester ACCT# 49564  
DX: neck & @ shoulder sprain  
INSURANCE: Work Comp  
AUTHORIZATION#: 100231133 {comp form says neurological  
pt needs neurosurgical - OK to  
use same # per claims rep  
REFERRING DOCTOR: JMS {Nena Pray per phone call 8/28/03  
PHONE#: 369-6657 CONTACT NAME: \_\_\_\_\_  
REQUEST FOR: neuro-surgical consult

SCHEDULED WITH: Dr. Amos {Suite 406  
DATE/TIME: Sept. 28 10:00am {415 Morris St  
344-3551

RECORDS <sup>\*auth</sup> notes, X-rays, MRI  
SENT BY MAIL ✓ EMB  
FAXED 344-0979  
GIVEN TO PT TO HAND DELIVER

\*pt take  
all films

PT WAS NOTIFIED OF DATE, TIME AND ANY SPECIAL  
INSTRUCTIONS.

MADISON MEDICAL, P.L.L.C.

705 MADISON AVE.

MADISON, WV 25130

PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET



TO: Dr Amos

FROM: Freda/ Dr Snyder

RE: Chris Lester 2000046841

NUMBER OF PAGES INCLUDING COVER SHEET: 8

DATE: 7-18-00

ADDITIONAL COMMENTS: EMG pending

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**FAXED**  
7-18-00  
JB

note  
reports



MADISON MEDICAL  
705 MADISON AVENUE  
MADISON, WV 25130  
PHONE (304)369-5170  
FAX (304)369-1742

DATE 9-18-00

DEAR Dr. Amores

We are sending, Chris Lester  
to you for the treatment of neck & shoulder pain  
We have called and scheduled an appointment on Sept 28  
We are enclosing medical records for your assistance. Thank you  
again for accepting our patient. We will be awaiting the report of  
your findings.

If we can be of any further assistance, please feel free to  
call.

Thank you,

Freda

Freda Botts  
Referral Coordinator

500688.015.0446

**Attending Physician's Report**

Return Completed Form To:

Workers' Compensation Division  
P.O. Box 3151, Charleston, West Virginia 25332

FOR DIVISION USE ONLY

Claims Manager Nena Peay  
Trucking/Agr & Food Proc  
Claimant's County BOONE

WC-219 Rev. 9-94

**SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)**

1. Claim No. 2000046841	SS No. <del>3340</del>	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	
Claimant's Name and Address		Employer's Name and Address
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		D & M TRUCKING CORPORATION  502 BOB VINES RD  GHENT, WV 25843

**3. Please mark any needed changes in your address as printed above.**4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.  
Claimant's Signature Christopher W. Lester Date 8-28-00**SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages if Necessary.**

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination <u>8-28-00</u> Month Day Year	2. Date of next appointment <u>9-12-00</u> Month Day Year
3. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.	
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Treatment <u>Dr. Hermit-ortho/Charleston</u>	
4. Diagnosis (ICD9-CM) code and description <u>847.0 847.2</u> <u>847.1 958.01</u>	5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit. <u>Physical Therapy Regarded</u> <u>Continue med &amp; maintain mobility as much as possible</u>
6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	
7. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.	8. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.
9. Please indicate the anticipated date claimant will be able to return to: Modified Work _____ Trial Return to Work <u>10-2-00</u> Full-time Work _____	
10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.	
11. Physician's Name, Address & Telephone No.  MADISON MEDICAL PLLC 705 MADISON AVENUE MADISON, WV 25130  Phone: 304-369-5170  FEIN 550664546	12. <u>[Signature]</u> 8/1/00 Physician's Signature  Date

500688.015.0447

## REQUEST FOR AUTHORIZATION



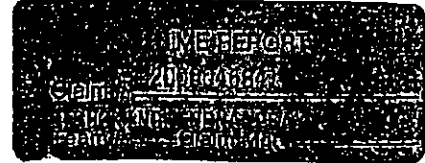
West Virginia  
Workers' Compensation Fund  
P.O. Box 3151, Charleston, WV 25332

WC-215 Rev. 10-89

Claimant's/Patient's Full Name <u>Christopher W. Lester Sr.</u>		Social Security Number <u>3340</u>	Date of Injury <u>3-10-00</u>
Address <u>Box 1113 Danville, WV 25803</u>		Telephone Number <u>369-6657</u>	Claim Number <u>200004684</u>
The above claimant is being treated for: (Please provide written description and ICD-9-CM code(s).)			
<u>847.0 neck sprain</u>		<u>859.01 head injury</u>	
<u>847.1 thoracic sprain</u>			
<u>847.2 lumbar sprain</u>			
Date of examination on which the condition and recommendations contained herein are based. <u>1 1</u>			
NOTE: Any request submitted without the appropriate CPT-4 code(s) will result in a delay or denial of the authorization.			
Because of the above-described condition, authorization is requested for the following:			
<input type="checkbox"/> Consultation with (Please provide name, address, and specialty.) _____			
<input type="checkbox"/> Change of Physician to (Please provide name and address and reason for change.) _____			
<input type="checkbox"/> Medical Studies [Check appropriate box(es) and provide the CPT-4 codes for the requested services if studies will be done on an outpatient basis.]			
<input type="checkbox"/> X-Ray - CPT Code(s): _____			
<input type="checkbox"/> EMG - CPT Code: _____			
<input type="checkbox"/> EEG - CPT Code: _____			
<input type="checkbox"/> Myelogram - CPT Code: _____			
<input type="checkbox"/> EKG - CPT Code: _____			
<input type="checkbox"/> CAT SCAN - CPT Code: _____			
<input type="checkbox"/> MRI - CPT Code: _____			
<input type="checkbox"/> Physical Medicine (State specific modality(ies) including CPT-4 code(s) and stipulate number and duration of treatments being requested.)			
MODALITY <u>Physical Therapy</u>		CODE _____	DURATION <u>2 wks</u>
Please See Reverse Side of Form for Instructions Concerning Physical Medicine Authorization.			
<input type="checkbox"/> Hospitalization (Specify treatment to be administered and number of days being requested.)			
(NOTE: All diagnostic tests should be done on an outpatient basis when possible, and the admitting date should not be on a weekend unless the admission is of an emergency nature.)			
Admitting Diagnosis _____		ICD-9-CM _____	
Basis for Admission _____			
Number of Days Requested _____			
<input type="checkbox"/> Surgery (Be specific and list CPT-4 code.) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient			
<input type="checkbox"/> Other (Be specific and list CPT-4 code.) _____			
Physician's Name <u>J. Mark Snyder DO</u>			
Address <u>705 Madison Ave Madison WV 25130</u>			
Telephone Number <u>(304) 369-5170</u> FEIN <u>550664546</u>			
Physician's Signature <u>J. Mark Snyder DO (304)</u>			
By signing this form the physician hereby certifies the services being requested are to the best of his/her knowledge necessitated as a direct result of the claimant's injury referenced above, and that, where applicable, reimbursement will be made in accordance with the West Virginia Workers' Compensation Fund schedule of maximum allowable charges. A report covering the treatment and/or services rendered and the results obtained therefrom shall be submitted to the Fund along with the invoice.			

500688.015.0448

SAGHIR R. MIR, M.D., F.A.A.O.S.  
ORTHOPAEDIC SURGERY  
MONTGOMERY GENERAL HOSPITAL  
MONTGOMERY, WEST VIRGINIA 25136  
TELEPHONE (304) 442-5176  
(304) 442-5151 EXT. 100



December 28, 2000

Workers' Compensation Fund  
PO Box 431  
Charleston, WV 25322

RE: LESTER, CHRISTOPHER W., SR.  
DOB: [REDACTED]-71  
SS#: [REDACTED]-3340  
DOI: 03-10-00  
CLAIM#: 2000046841  
EMPLOYER: D & M TRUCKING CORPORATION INC.

Dear Sir/Madam:

This patient was evaluated by me on 12-22-00 at your request. His extensive records on films as well as CD were reviewed. Patient brought several reports from his physician's office and copies of those reports were made and those records were reviewed.

In addition to this Compensation sent me 13 films of records regarding his injury of 08-10-94 which were partly reviewed by me. History was obtained and physical examination was carried out.

During his examination my office personnel Crystal and his wife were present in the examining room.

REVIEW OF RECORDS AND HISTORY: Records indicate that this patient first time injured his lower back was on 08-10-94 with claim #95-6803. This injury happened when he was carrying some header and he slipped and fell. He was under the care of Dr. Chinundat and saw several physicians during his treatment from 1994 to 1997. He was seen at the pain clinic by Dr. Nelson. His x-rays of lumbosacral spine had revealed patient had some wedging at D11 vertebrae. He had special views and it was felt it was more of a wedging. He had an MRI on 08-03-96 which reported no disc herniation. Patient continued to have back pain with some right leg pain. He had IME's done by Dr. Hill and Dr. Bachwitt. Dr. Bachwitt evaluated him in 1997 and recommended 5% impairment. Patient stated he would receive 10% impairment at the recommendation of Dr. Hill. There were extensive vocational rehabilitation papers in his file. He was rehabilitated to be a driver.

His present injuries happened on 03-10-00 when he was checking oil in a truck and hood knocked him backwards and he fell four or five feet away. He landed on another truck and was knocked unconscious. He was seen at CAMC in the emergency room by Dr. Bailey. He had multiple x-rays which were reported normal.

RECEIVED JAN 1 1 2001

500688.015.0449



LESTER, CHRISTOPHER W.  
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REVIEW OF RECORDS AND HISTORY: Continued.

He had x-ray of cervical spine, dorsal spine and lumbar spine which were all negative. He had x-ray of left hip, pelvis, shoulder and ankle which were also normal. He had CT Scan of head and cervical spine which were all essentially within normal limits. He was discharged from the hospital. He was told to follow up at Corporate Health.

Patient continued follow up at Corporate Health under the direction of Dr. Marsha Bailey. Patient specified that he saw four or five physicians at the clinic. Anyhow his main physician was Dr. Bailey. She treated him conservatively with medication and physical therapy. He complained of some drainage from his right ear. There was some question of him seeing Dr. Apple but I believe it was more of a verbal consultation. He continued to have some pain in right ear with some drainage so he was referred for ENT consultation with Dr. Phillips.

On 03-15-00 Dr. Bailey noted that patient had seen Dr. Phillips and had audiogram done which revealed some hearing loss bilaterally which was not related to injury. Dr. Phillips did not feel he had any fractures and did not recommend any additional treatment for his ear. On 03-15-00 Dr. Bailey checked his ear and did not find any drainage. As patient was continuing to complain of symptoms in left shoulder so an MRI of left shoulder was scheduled. On 03-21-00 he had an MRI of left shoulder at CAMC which reported no evidence of rotator cuff tear. On 03-22-00 Dr. Bailey noted patient was still having pain in neck and left shoulder area with headaches. He was started on physical therapy. On 03-27-00 Dr. Bailey noted his MRI of shoulder to be normal. He had limited range of motion. He started physical therapy at Boone Memorial Hospital on 04-03-00.

During that time this patient requested to transfer under the care of Dr. Snyder on 04-06-00. Compensation allowed such transfer. Patient stated he had previously been treated by Dr. Snyder for his previous injury. On 04-07-00 Dr. Snyder noted patient had sustained multiple injuries. He was complaining of pain in his neck and left shoulder area. He was started on MOTRIN, FLEXERIL and VICODIN. Patient continued to see Dr. Snyder at couple of week intervals. On 04-26-00 he was still having more or less same symptoms. He was continued on physical therapy and medications.

During that time patient was allowed to return to work on light duty. On 04-18-00 he was released but there was no light duty work available through employer. At that time he was referred to Vass Rehab Services. On 05-05-00 he had initial vocational evaluation. Patient continued to have periodic follow up with rehab counselor. Over a period of time reviewed were periodic progress notes.

During May and June of 2000 patient continued to see Dr. Mark Snyder at two week intervals. He was having persistent symptoms at neck, left shoulder and lower back. Dr. Snyder mentioned about possibility of consultation by Dr. Loimil. On 06-19-00 his physical therapy was stopped as it increased his symptoms.

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REVIEW OF RECORDS AND HISTORY: Continued.

On 08-02-00 this patient was evaluated by me for West Virginia Compensation. At that time I recommended for this patient to have MRI of neck, lower back and x-ray on his left AC joint. I recommended for this patient to have an Orthopaedic consultation with Dr. Loimil, a neurosurgical consultation and pain clinic consultation. Somehow during the last four months he has not been going to pain clinic and has been treated with narcotics by his physician along with some nerve medications.

At my recommendation this patient did have MRI of cervical spine and lower back which were reported normal. On 10-02-00 patient had nerve conduction studies and EMG which were reported normal by Dr. Pratt. He had no evidence of peripheral neuropathy or cervical radiculopathy. His MRI of neck and back were done on 09-12-00. He had x-ray of left AC joint on 08-30-00. His x-ray of left rib done on the same day were reported normal.

On 10-06-00 he saw Dr. Amores for neurosurgical consultation. Dr. Amores noted patient complaining of still neck pain going into left arm. His neurological examination was reported normal. His various x-rays and MRI of cervical and lumbar spine were reported normal. Dr. Amores felt patient had musculoskeletal strain of cervical and lumbar spine without neurological deficit. Conservative treatment was recommended.

On 08-17-00 patient was seen by Dr. Loimil who noted him having still pain in left shoulder with limited range of motion. It was a detailed five page report from Dr. Loimil. I did not see Dr. Loimil mentioning about his previous MRI of left shoulder which was done on 03-21-00. Anyway Dr. Loimil recommended for this patient to have MRI of left shoulder. Dr. Loimil indicated that he will accept him as a patient to treat his left shoulder.

Reviewed were physical therapy reports from Boone Memorial Hospital dated 10-05-00 in his file. They noted patient started back on physical therapy on 08-31-00 and finished it on 09-06-00. They also noted he missed some of his appointments. Patient stated at present he is not taking any more treatments and is finished with his physical therapy.

Patient continued to see Dr. Snyder periodically. Reviewed were some of the office notes which were brought in by the patient. He saw him on 08-07-00, 09-26-00, 10-11-00 and 11-19-00. More or less he was continued on his medication. On 11-27-00 Dr. Snyder noted he was still having pain in neck, lower back and shoulder area. He was waiting to see Dr. Loimil. Also Dr. Snyder indicated he was waiting to go to pain clinic and see Dr. Loimil. They were planning to make him an appointment with Dr. Settle for psychiatric problem.

Patient stated after Thanksgiving he was hospitalized for five days as his legs gave out and he fell striking his dorsal spine against the steps. On 12-12-00 his physician noted that he has been taking OXYCONTIN which is helping him. This was supplemented with HYDROCODONE.

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REVIEW OF RECORDS AND HISTORY: Continued.

He was still having generalized pain. He had contusion of dorsal spine with questionable fracture which they could not tell whether it was new or old.

At present patient uses heating pad or ice and does some massage at home. He indicated that his MRI of shoulder is going to be approved and after that he is going to see Dr. Loimil. He was going to see Dr. Settle also and was planning to be seen at the pain clinic.

Patient indicated he has applied for Disability Social Security which was denied and he has protested that decision. Patient is going to be 29 tomorrow and he has worked a total of four or five years and he indicated that he had enough weeks to be considered for Social Security. Patient stated he has checked into that already.

PRESENT COMPLAINTS AND FUNCTIONAL LIMITATIONS: Patient continues to have pain in neck and both scapular areas all the time. Intermittently pain goes into left arm. He had numbness and tingling on the medial side of forearm and especially in left little and ring finger. He has weakness around his left shoulder and upper extremity.

He still has pain in left shoulder. It aches and hurts all the time. He has decrease in mobility. His pain is mostly in front of the shoulder. He can not lie on the left side. At night time symptoms wake him up.

His lower back aches and hurts all of the time. He has pain in right hip and SI joint area. Pain goes into back part of right thigh. His pain was in the same areas as it was following his injury of 1994 except it is worse. Occasionally he has some pain over the tip of tail bone area. He has some numbness and tingling in both feet.

Prolong standing, sitting, walking or riding in a car increases his symptoms. Lying down does not help him much. He has no urinary or bowel symptoms.

CURRENT MEDICATION: 1) OXYCONTIN 2) MOTRIN 3) FLEXERIL 4) ATIVAN  
5) PAXIL 6) VICODIN 7) ELAVIL

SOCIAL/WORK/PAST HISTORY: Please refer to my dictation of 08-02-00. Since then patient has applied for Disability Social Security.

PHYSICAL EXAMINATION: Patient is 29 year-old-white male who was 65 inches tall and weighed 276 pounds. His general physical condition was satisfactory.

His range of motion at cervical spine is recorded on West Virginia Compensation Range of Motion Form. He had marked voluntary guarding during the range of motion and actively resisted his range of motion. There was no true muscle spasm. There was some tenderness at cervicodorsal and both scapular area more so on the left. Compression/distraction test caused some discomfort in neck, though Spurling sign was negative.

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PHYSICAL EXAMINATION: Continued.

MEASUREMENTS

	<u>RIGHT UPPER EXTREMITY</u>	<u>LEFT UPPER EXTREMITY</u>	<u>COMMENTS</u>
Circumference of upper arm (10 cm above olecranon)	37.5 cm	36.1 cm	pt rt handed
Circumference of forearm (7 cm below olecranon)	33.7 cm	31.2 cm	

NEUROLOGICAL EXAMINATION

Reflexes - BJ, TJ & BRJ	1 to 2+	1 to 2+	
Muscle strength	5/5	5/5	all groups upper extremity muscles
Grip strength	40,40,36	30,28,28	
Pulse	2+	2+	
Cranial nerves	Intact	Intact	

Sensory examination revealed patient had somewhat diminished sensation along the medial side of forearm and left fourth and fifth finger. Phalen and Tinel signs were negative. There was no signs of thoracic outlet syndrome.

His examination of shoulder area revealed no visible atrophy. He had tenderness mostly over the anterior part of left shoulder. There was very slight tenderness over left AC joint.

RANGE OF MOTION.

<u>SHOULDERS</u>	<u>RIGHT</u>	<u>LEFT</u>
Forward flexion/extension	170°-0°-60°	90°-0°-45°
Abduction/Adduction	170°-0°-40°	90°-0°-30°
External/Internal rotation		
Arm at 90° abduction	90°-0°-90°	70°-0°-80°

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**PHYSICAL EXAMINATION:** Continued.

Patient had some discomfort at extreme of range of motion. Apprehension test was negative. Today impingement tests were negative.

Patient has no signs of thoracic outlet or carpal tunnel syndrome. His range of motion at elbows was 0°-0°-140° with supination/pronation 80°-0°-80° bilaterally. Dorsi/volar flexion at wrist was 60°-0°-60° with ulnar/radial deviation 35°-0°-15° bilaterally.

His examination of rib cage area revealed he had mild tenderness on the left rib cage area.

For detailed examination of lower back is recorded on West Virginia Compensation Back Form. His range of motion at lumbar spine was not found to be valid. His straight leg raising while seated was noted to be up to 90°.

Today I could not examine this patient lying down as patient stated he does not tolerate it well.

**RADIOLOGICAL FINDINGS:**

- 1) Patient's x-ray of cervical spine, dorsal spine, lumbar spine, pelvis, left hip, left ankle and chest were reported normal at the time of injury.
- 2) His CT Scan of cervical spine and CT Scan of head at the time of injury were reported normal.
- 3) His MRI of left shoulder done on 03-21-00 was reported normal.
- 4) Patient had MRI of cervical spine and lumbar spine on 08-12-00 which were reported normal.
- 5) His x-ray of rib cage done on 08-30-00 were reported normal.
- 6) Patient's x-ray of AC joint with and without weights on 08-30-00 were reported normal.

**DISCUSSION/CONCLUSION/RECOMMENDATIONS:**

1) This patient first time injured his lower back on 08-10-94 at that time there was question of wedging versus compression at T11 vertebrae. He was treated conservatively. He was off from work from 1994 until 1997. Patient stated he has received 10% wholeman impairment from Compensation at the recommendation of Dr. Hill.

2) Patient sustained multiple injuries on 03-10-00. He has been treated conservatively and continues to stay symptomatic. On physical examination patient's range of motion at cervical spine and lumbar spine was limited on account of voluntary guarding. He has some limitation of range of motion at shoulder with tenderness over bicipital groove area.

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DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued.

His neurological examination of lower extremity revealed stalking type of decreased sensation with give away type of weakness in lower extremities. His reflexes in upper and lower extremity were normal. He had slightly diminished sensation along the medial side of forearm. His Nerve Conduction Studies and EMG Studies done on 10-02-00 revealed no cervical radiculopathy or peripheral neuropathy including carpal tunnel syndrome.

- DIAGNOSES: 1) Cervicodorsal and left scapular strain with cervical root irritation  
2) Lumbosacral and sacroiliac strain  
3) Sprain left shoulder with bicipital tendinitis  
4) Cerebral concussion

3) He has not reached maximum degree of medical improvement. Patient continues to be temporarily disabled and an anticipated period of disability could be another four months.

4) As far as further treatment is concerned this patient should go ahead and have a repeat consultation with Dr. Loimil and repeat MRI of left shoulder. I will also recommend compensation to go ahead and let this patient have psychiatric consultation and pain clinic consultation. The sooner those consultations and treatments are allowed the lesser the period of his temporary disability will be.

5) As soon as he finishes his consultation he should be able to go through Functional Capacity Evaluation. As far as prognosis of this patient is concerned it is very poor. I doubt if this patient will return to work. He has already applied for Disability Social Security. Vocational follow up is recommended.

6) His impairment rating is deferred for another four months. Again please authorize this patient to see Dr. Loimil, Dr. Settle and go to pain clinic as soon as possible and authorize the necessary treatment recommended through those consultations.

Thank you for sending this patient for evaluation. If you have any questions, please feel free to contact my office at any time.

Sincerely,

  
Saghir R. Mir, MD

SRM/ajs  
Enclosures